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Attorney Docket No.: 0180151

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Labelle, et al.SERIAL NO.: 10/705,347 FILED: November 8, 2003FOR: Method for Integrating a High-K Gate Dielectric in a Transistor Fabrication ProcessHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

| <input checked="" type="checkbox"/> EXTENSION FEE | RATE Non-Small Entity | RATE Small-Entity | Fee |
|---|--------------------------|----------------------|-----------|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ 120.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

 TOTAL EXTENSION FEE \$ 120.00 FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|---|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | Fee |
| TOTAL CLAIMS | | MINUS **20 | * = 0 | x 50 | x 25 | \$ |
| INDEPENDENT | | MINUS ***3 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim. | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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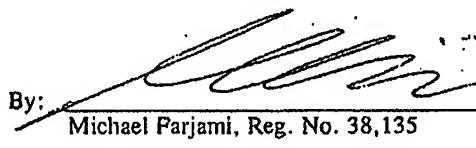
Attorney Docket No.: 0180151

Total fee for Supplemental Information Disclosure Statement \$

Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).

Please charge Deposit Account No. 50-0731 in the amount of \$

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 9/6/07By: 

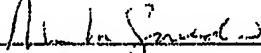
Michael Parjami, Reg. No. 38,135

CERTIFICATE OF FACSIMILE TRANSMISSION

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Michael M. Sureda

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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